Improving Access to Care and Improving Health Outcomes for People Living with HIV

June 26, 2014

OA Care and Treatment Programs

- Ryan White Part B Grant Programs:
  - AIDS Drug Assistance Program (ADAP)
  - HIV Care Program (HCP)
  - Minority AIDS Initiative (MAI)
  - Insurance Assistance Program (IAS)
- AIDS Medi-Cal Waiver Program (MCWP)
- Housing Opportunities for People with HIV and AIDS (HOPWA)

Ryan White Part B Funded Programs

HIV Care Program

- provides under and uninsured, low-income people with medical and support service needs

- 43 contractors who serve all 58 counties

- Approximately $35M

Ryan White Part B Funded Programs

Minority AIDS Initiative

- Provides outreach and treatment education to HIV-positive people of color to engage them in care and improve their access to HIV medications

- OA funds 18 contractors (all HCP funded also)

- Approximately $1M

Other Funded Care Programs

AIDS Medi-Cal Waiver Program

- Provides medical case management services designed to allow people with AIDS to remain in their homes, stabilize their health, improve their quality of life, and avoid costly institutional care

- OA funds 29 providers

- Approximately $500K for support

- add a bullet on service costs

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Other Funded Care Programs

Housing Opportunities for People with AIDS

- HOPWA services work towards the NHAS goal of increasing the number of RW clients in stable permanent housing. Provides housing assistance to prevent homelessness for persons living with HIV/AIDS

- OA funds the 41 counties

- Approximately $3M

Aware People Living with HIV/AIDS* in California Served by HIV Care and Treatment Programs** — Calendar Year 2013
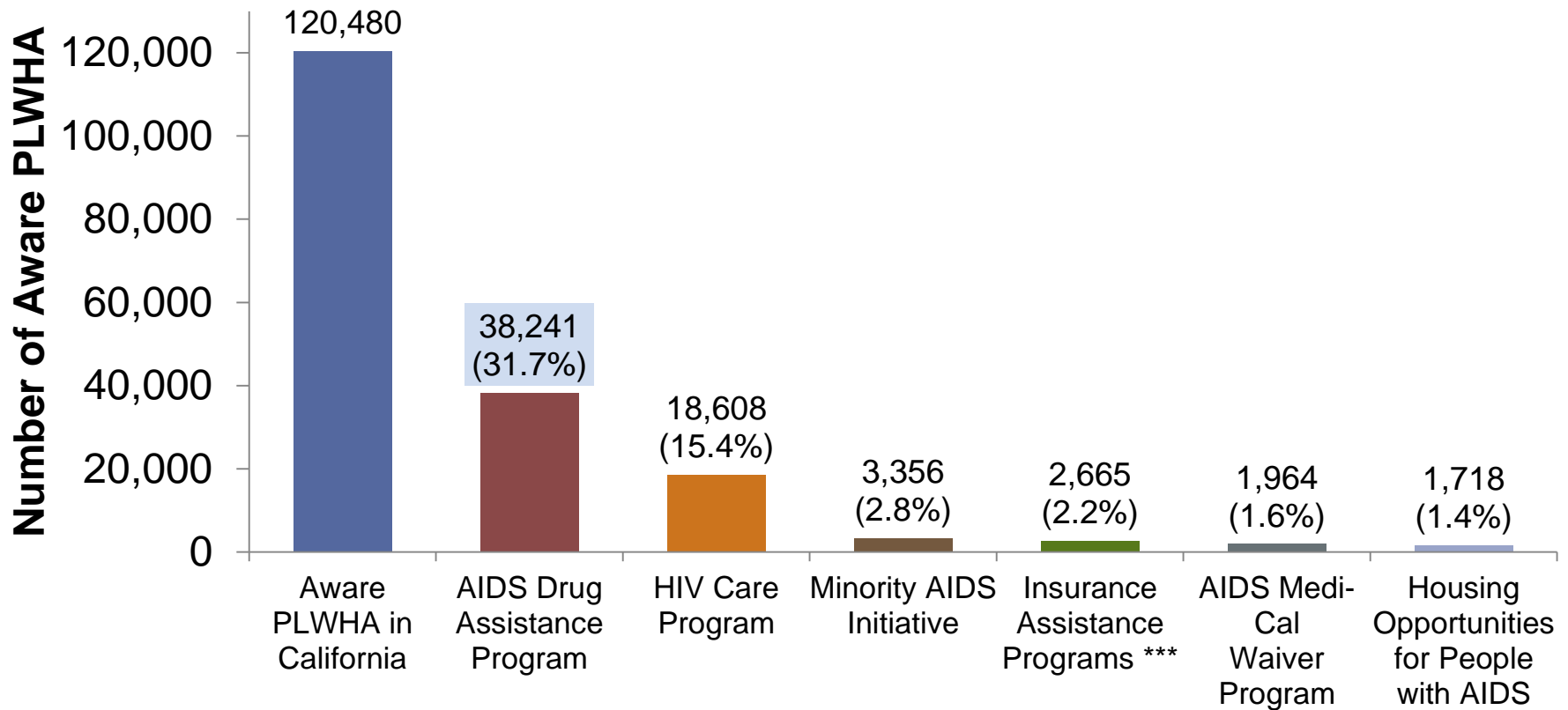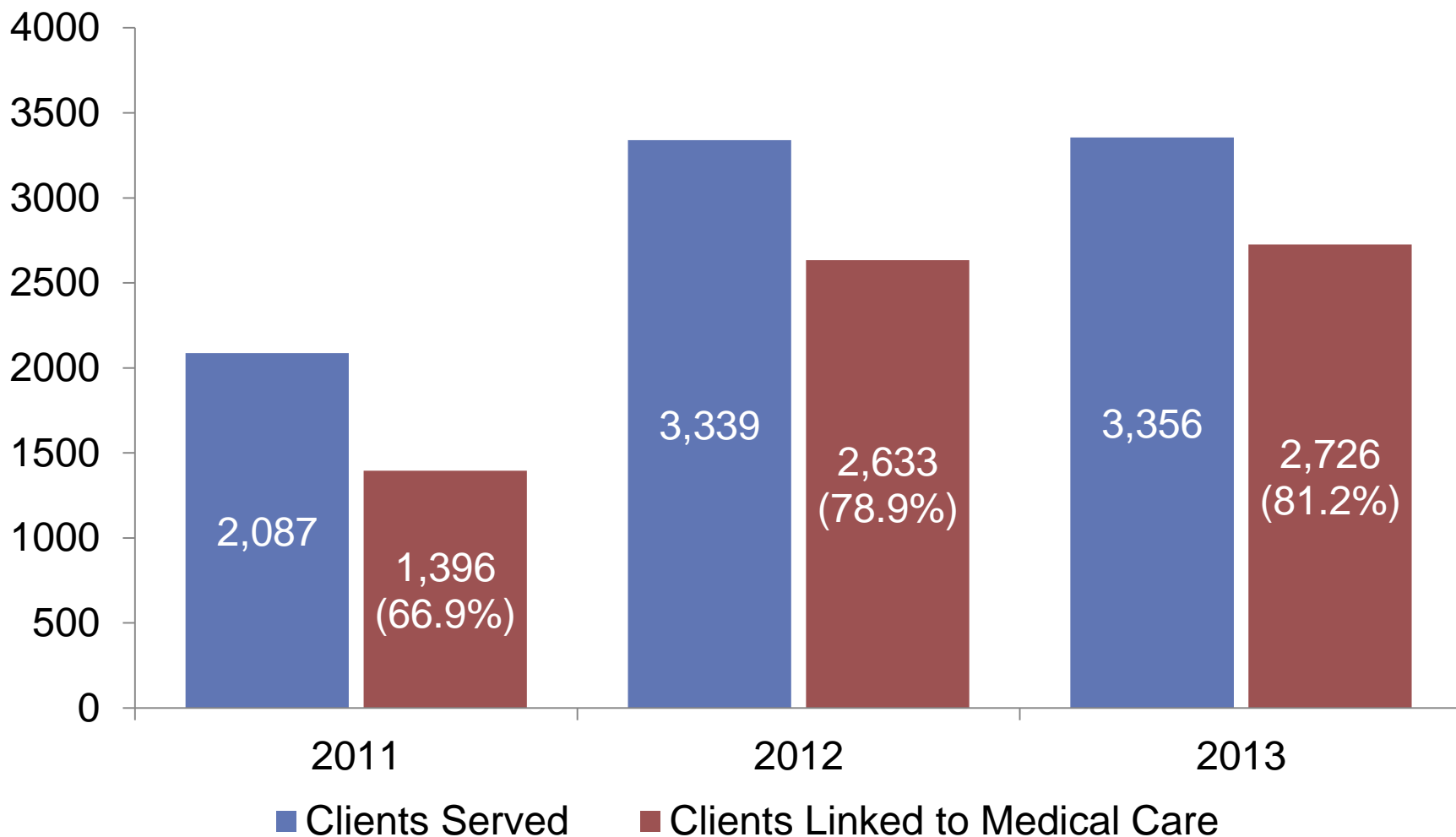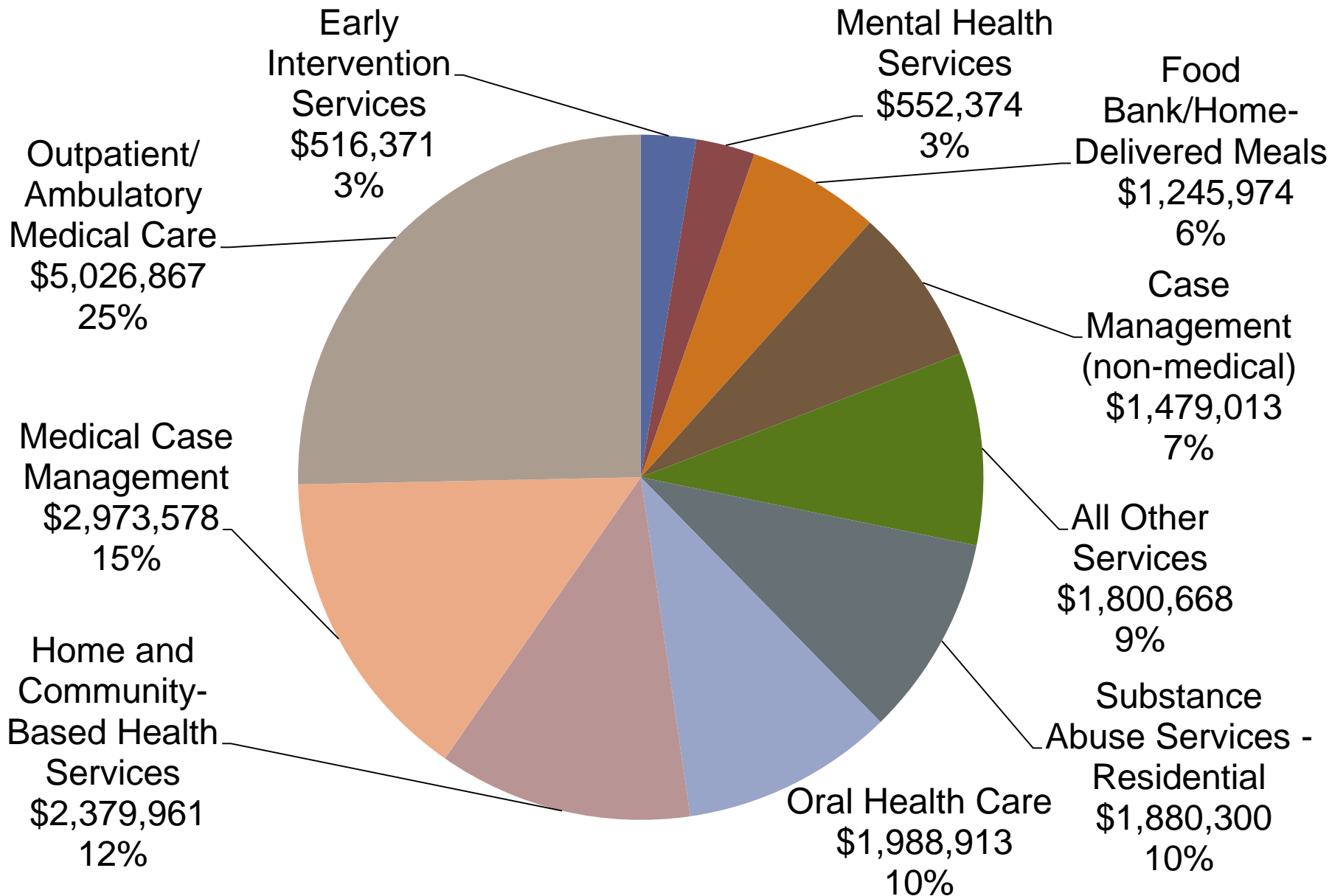

* Preliminary 2013 data
** Clients may receive services from more than one program
*** Includes HIPP, PCIP, and Medicare Part D

Number of MAI clients served, and number and percent of those linked to medical care, by calendar year

- 2011 Clients Served: 2,087
- 2011 Clients Linked to Medical Care: 1,396 (66.9%)
- 2012 Clients Served: 3,339
- 2012 Clients Linked to Medical Care: 2,633 (78.9%)
- 2013 Clients Served: 3,356
- 2013 Clients Linked to Medical Care: 2,726 (81.2%)

■ Clients Served   ■ Clients Linked to Medical Care

HIV Care Program Expenditures by Service Category – Calendar Year 2013

Early Intervention Services
$516,371
3%

Mental Health Services
$552,374
3%

Food Bank/Home-Delivered Meals
$1,245,974
6%

Outpatient/ Ambulatory Medical Care
$5,026,867
25%

Case Management (non-medical)
$1,479,013
7%

Medical Case Management
$2,973,578
15%

All Other Services
$1,800,668
9%

Home and Community-Based Health Services
$2,379,961
12%

Substance Abuse Services - Residential
$1,880,300
10%

Oral Health Care
$1,988,913
10%

Top 10 HCP Service Categories by Number of Clients Served* — Calendar Year 2013

| Service Category	Clients
Outpatient/Ambulatory Medical Care	6,132 (33.0%)
Medical Case Management	5,023 (27.0%)
Case Management (non-medical)	3,942 (21.2%)
Oral Health Care	3,569 (19.2%)
Food Bank/Home-Delivered Meals	2,891 (15.5%)
Health Education/Risk Reduction	1,351 (7.3%)
Medical Transportation Services	1,077 (5.8%)
Outreach Services	1,051 (5.6%)
Mental Health Services	614 (3.3%)
Medical Nutrition Therapy	579 (3.1%)

Number of Clients

* Clients may receive more than one type of service. n = 18,608

Continuous Medical Care in the HIV Care Program

- **Goal 2:** Increase access to care and optimize health outcomes

  – **Objective 1:** The proportion of people living with HIV/AIDS who are in continuous care will increase from 74% in 2010 to 80% in 2015

Proportion of HIV Care Program Clients Retained in Care*
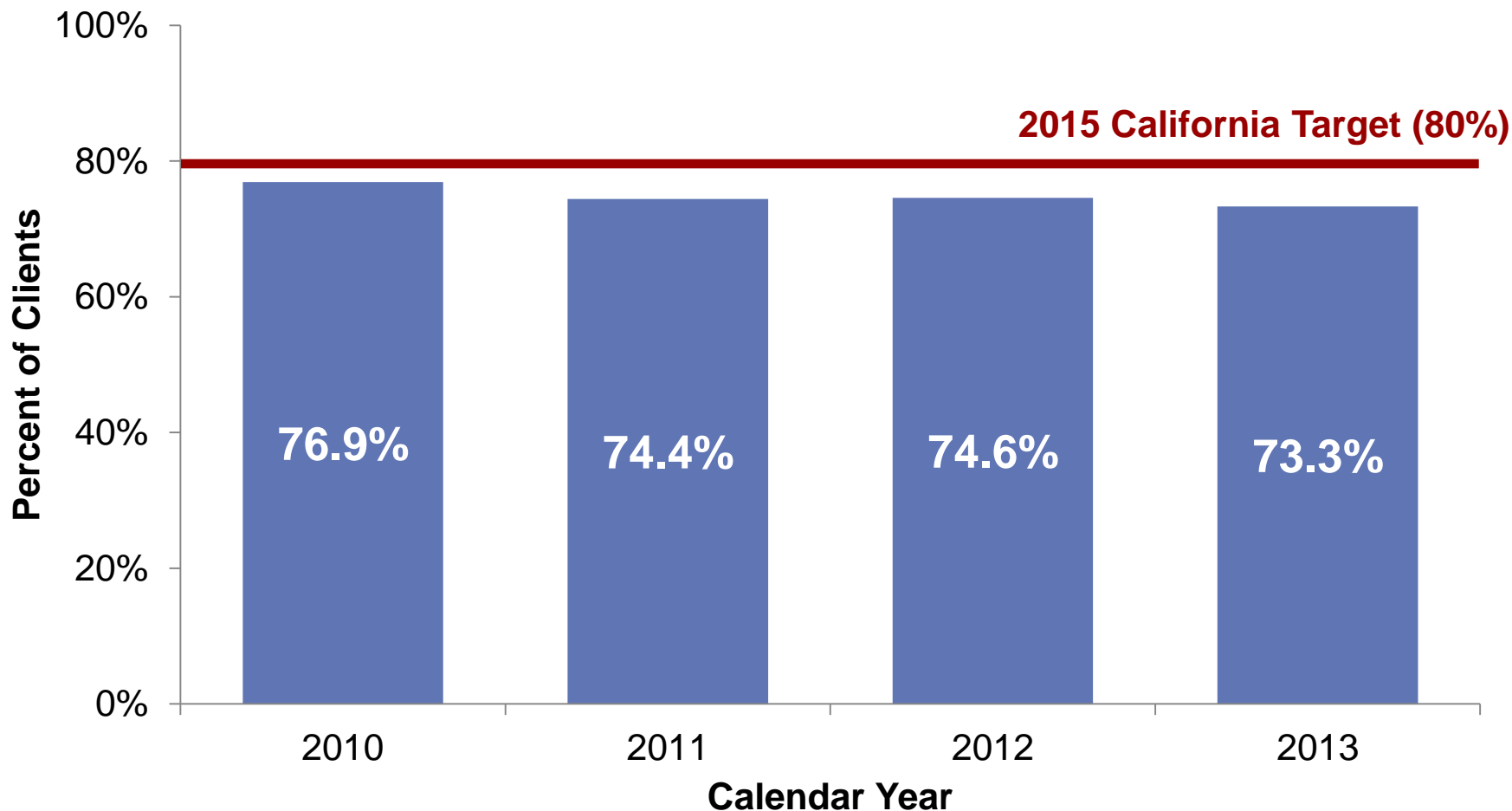
* Clients with HIV infection who had two or more medical visits at least three months apart during the calendar year.
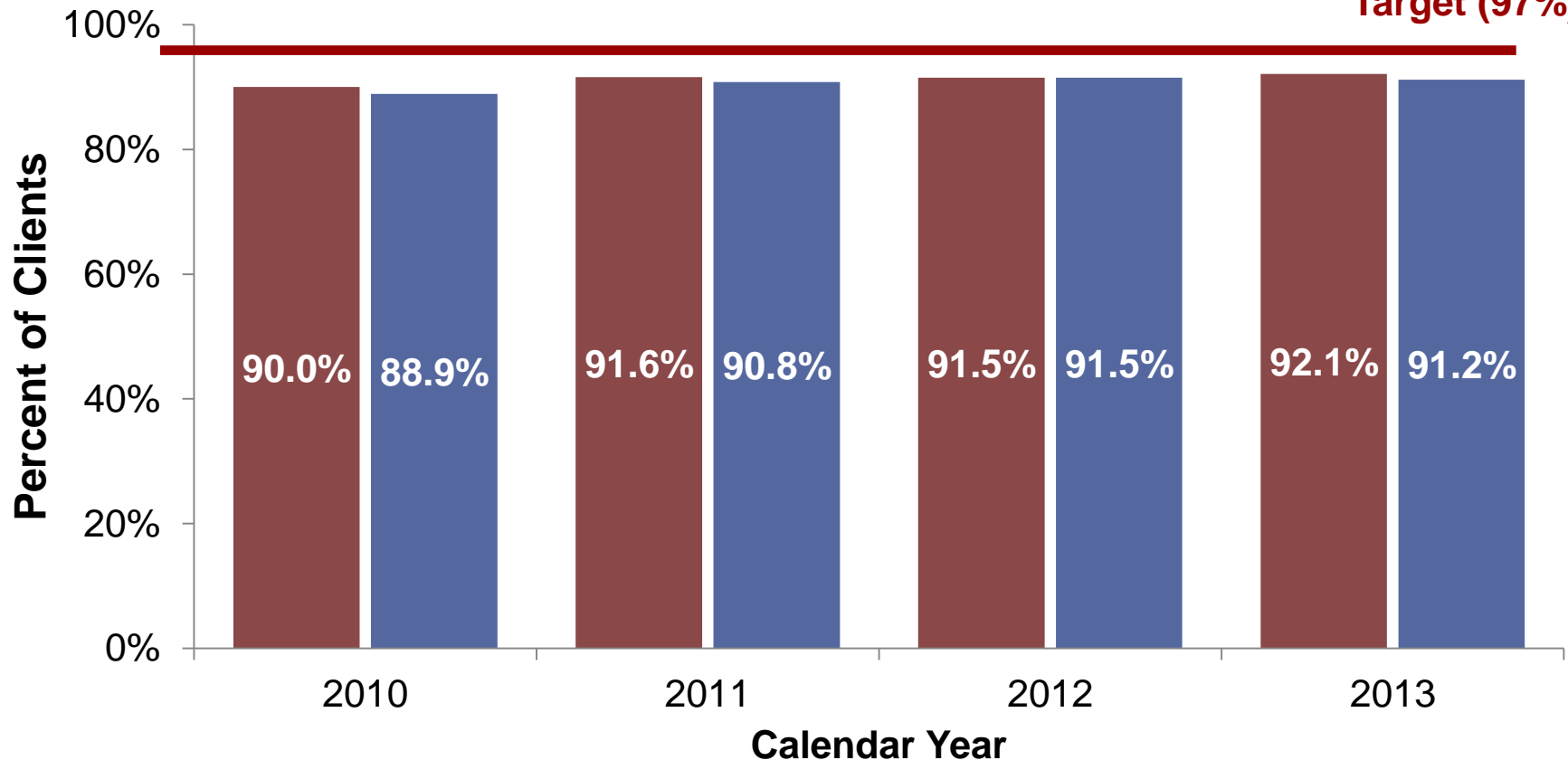
Viral Load Suppression in the HIV Care Program

- **Goal 3:** Reduced HIV-Related Health Disparities

  – **Objective 1:** The proportion of HIV-diagnosed gay and bisexual men with undetectable viral load will increase by 20 percent from 81% in 2010 to 97% in 2015.

  – **Objective 2:** The proportion of HIV-diagnosed African Americans with undetectable viral load will increase by 20 percent from 69% in 2010 to 83% in 2015.

  – **Objective 3:** The proportion of HIV-diagnosed Latinos with undetectable viral load will increase by 20 percent from 80% in 2010 to 97% in 2015.

Proportion of Gay & Bisexual HCP Clients who are Virally Suppressed*

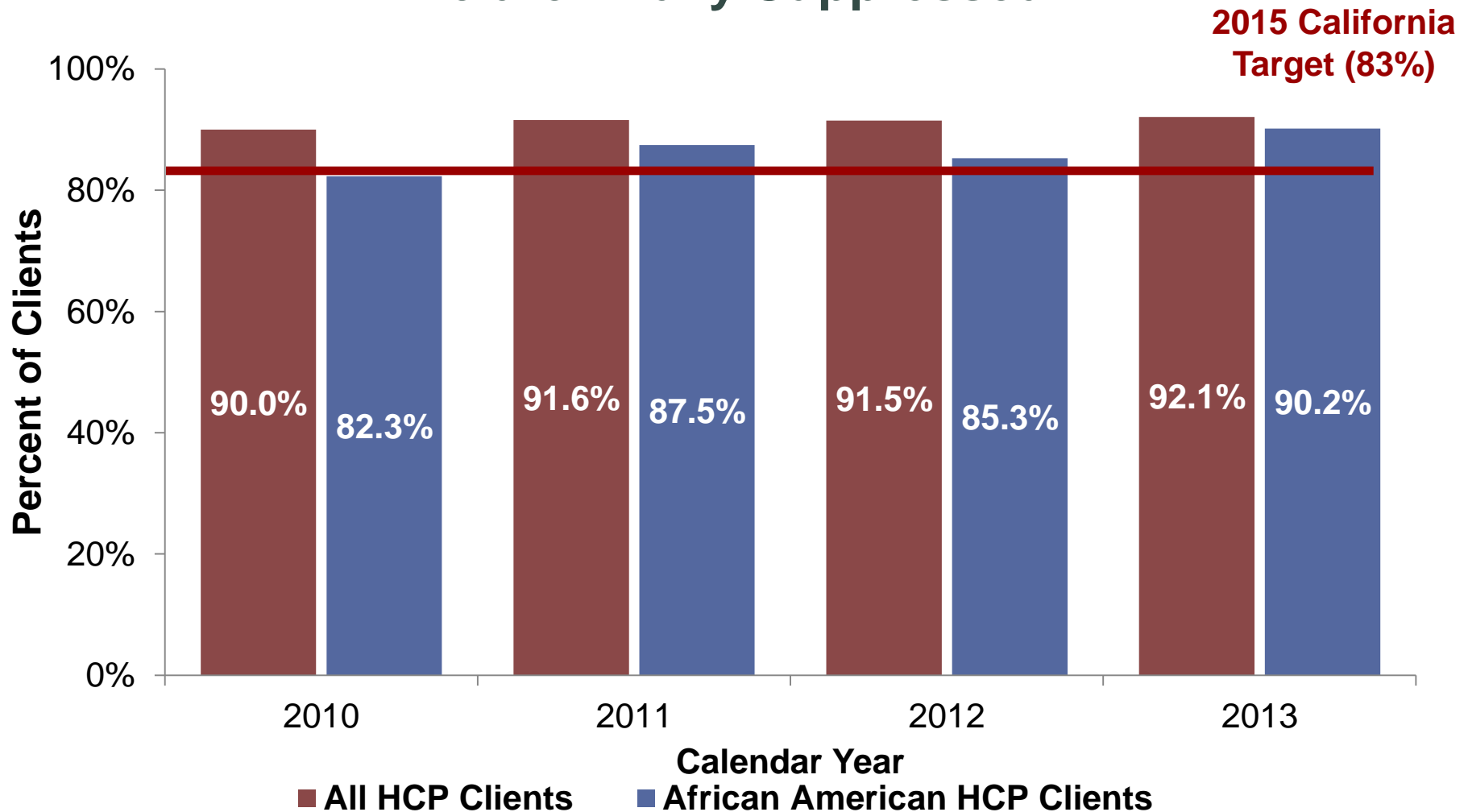**2015 California Target (97%)**

- All HCP Clients
- Gay and Bisexual Male HCP Clients

Percent of Clients / Calendar Year

Year	All HCP Clients	Gay and Bisexual Male HCP Clients
2010	90.0%	88.9%
2011	91.6%	90.8%
2012	91.5%	91.5%
2013	92.1%	91.2%

* Clients with a viral load below the limits of quantification (< 200 copies/mL) at the last test during the calendar year.

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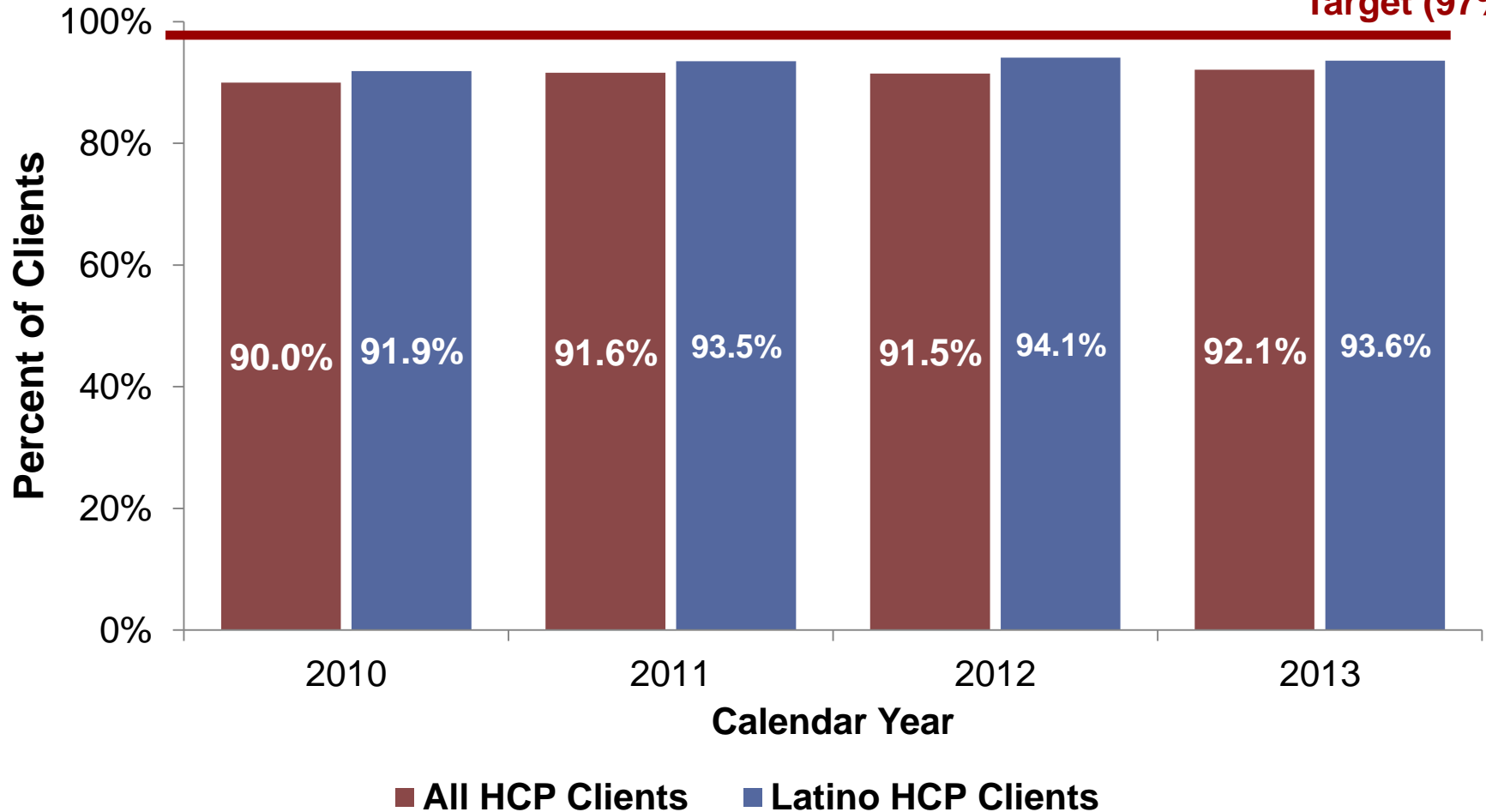# Proportion of African American HCP Clients
who are Virally Suppressed*

* Clients with a viral load below the limits of quantification
(< 200 copies/mL) at the last test during the calendar year.

Proportion of Latino HCP Clients who are Virally Suppressed*

2015 California Target (97%)

Percent of Clients

100%

80%

60%

40%

20%

0%

	2010	2011	2012	2013
All HCP Clients	90.0%	91.6%	91.5%	92.1%
Latino HCP Clients	91.9%	93.5%	94.1%	93.6%

Calendar Year

■ All HCP Clients   ■ Latino HCP Clients

* Clients with a viral load below the limits of quantification (< 200 copies/mL) at the last test during the calendar year.
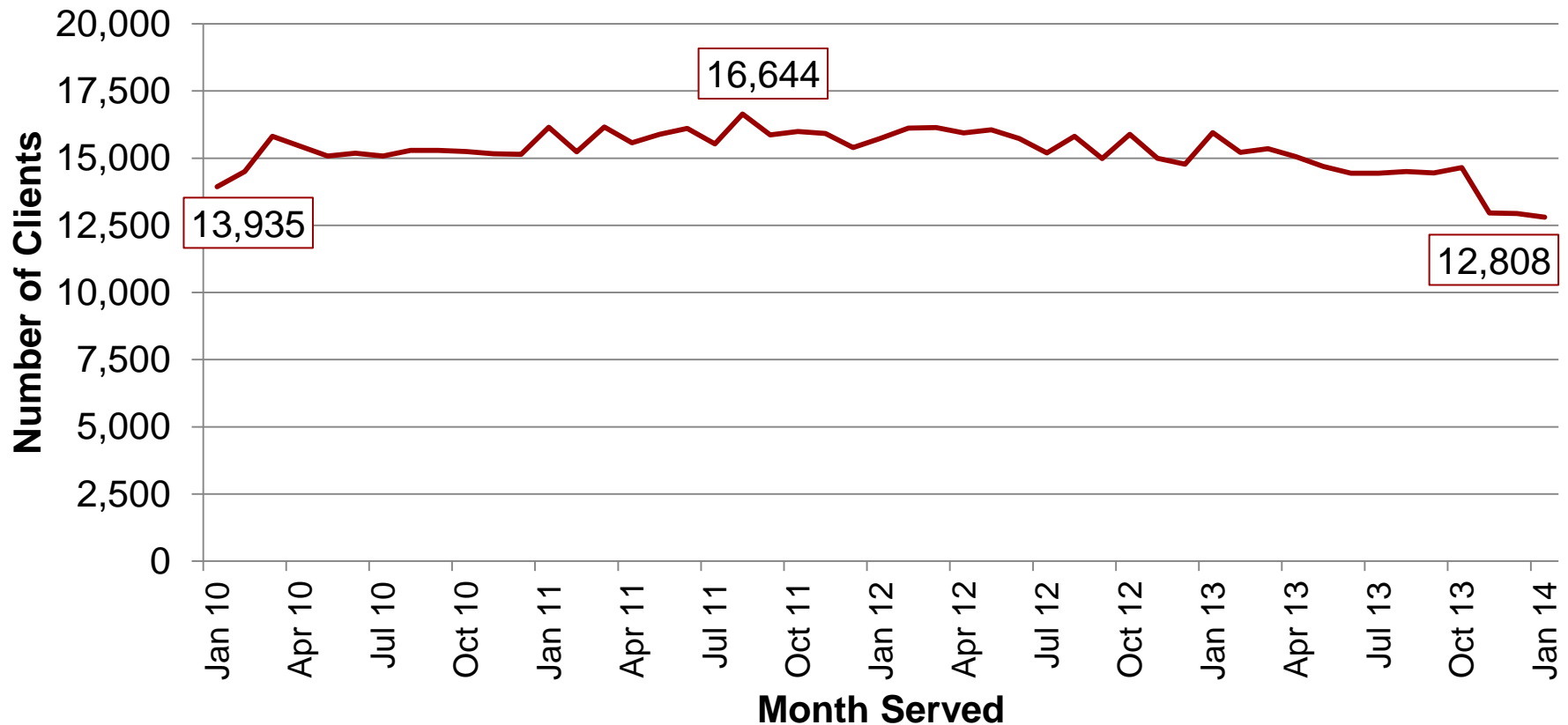
Impact of Health Care Reform on the Ryan White Program

Number of Ryan White Clients by Month Served *

## Trend 1: Ryan White Caseload is Declining

* Clients received Ryan White services from those providers who (1) are funded by any Part of Ryan White and (2) enter said services into the AIDS Regional Information & Evaluation System (ARIES).

Number of Clients who Received Ryan White-funded Outpatient/Ambulatory Medical Care* by Month Served

Trend 2: Use of Ryan White-funded Medical Care is Declining
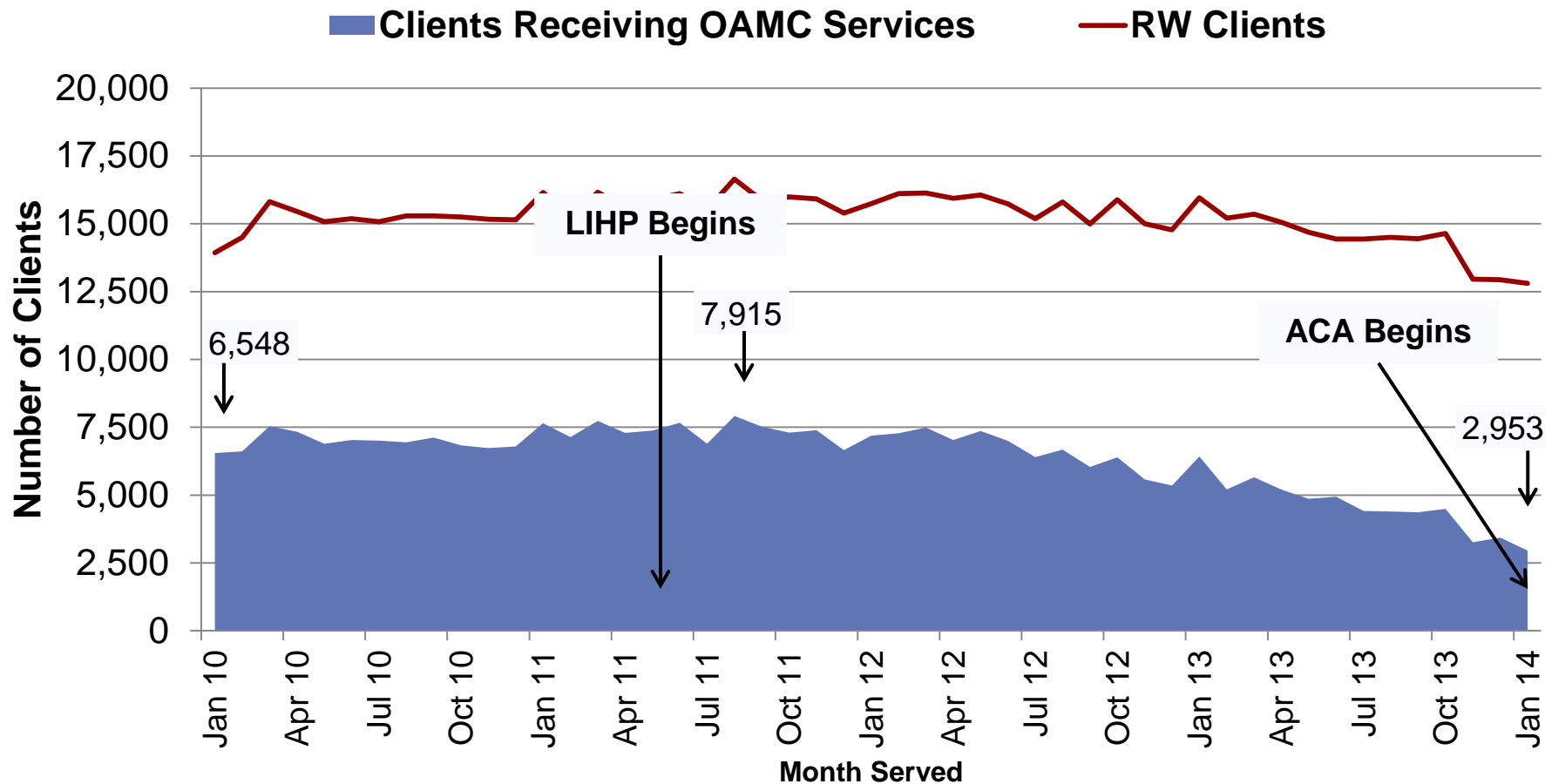
* The light blue shading indicates clients who received at least one "Outpatient/Ambulatory Medial Care" service during the month that was (1) funded by any Ryan White Part and (2) entered in the AIDS Regional Information & Evaluation System (ARIES).

Clients who Received RW-funded Outpatient/Ambulatory Medical Care Compared to Those Who Did Not by Month Served

Trend 3: Ryan White services mix is changing

■ **Clients Receiving OAMC Services**   ■ **Clients Receiving No OAMC Services**
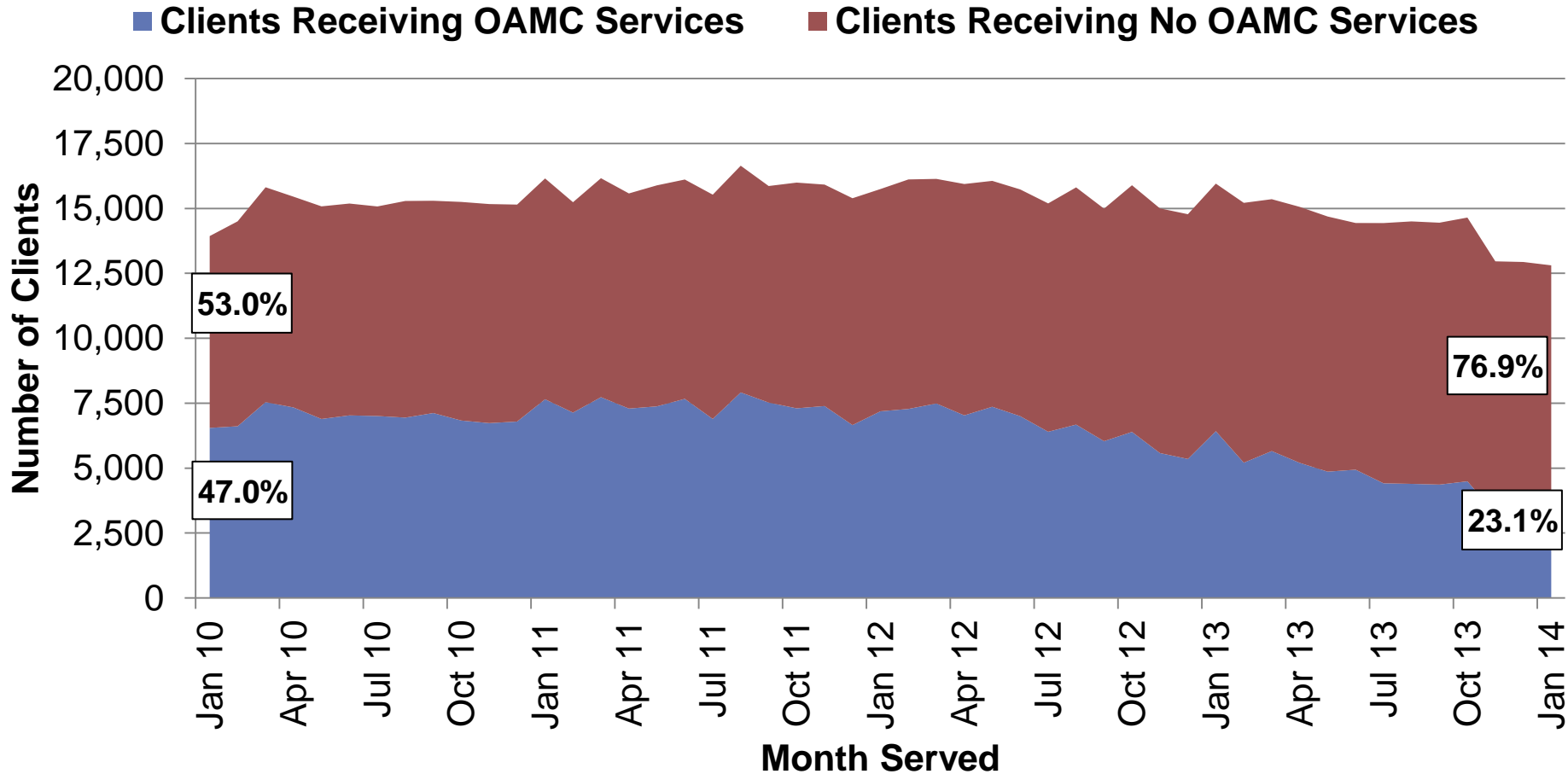
* Among clients who received Ryan White services that were entered into the AIDS Regional Information & Evaluation System (ARIES).

Looking Ahead

- Ensuring transition of clients into other programs without interruption to care/treatment

- Maintain "payer of last resort" mandate

- Establish systems to track care for clients across the care continuum (including other programs)

- Establish more monitoring of HCP service category utilization

- Establish measures for support services and viral suppression

Looking Ahead (cont.)

- Ensure utilization of services that address reported gaps

- Geospatial mapping of VL and service access

- Guidance on use of surveillance data for retention in care activities

AIDS Drug Assistance Program
&
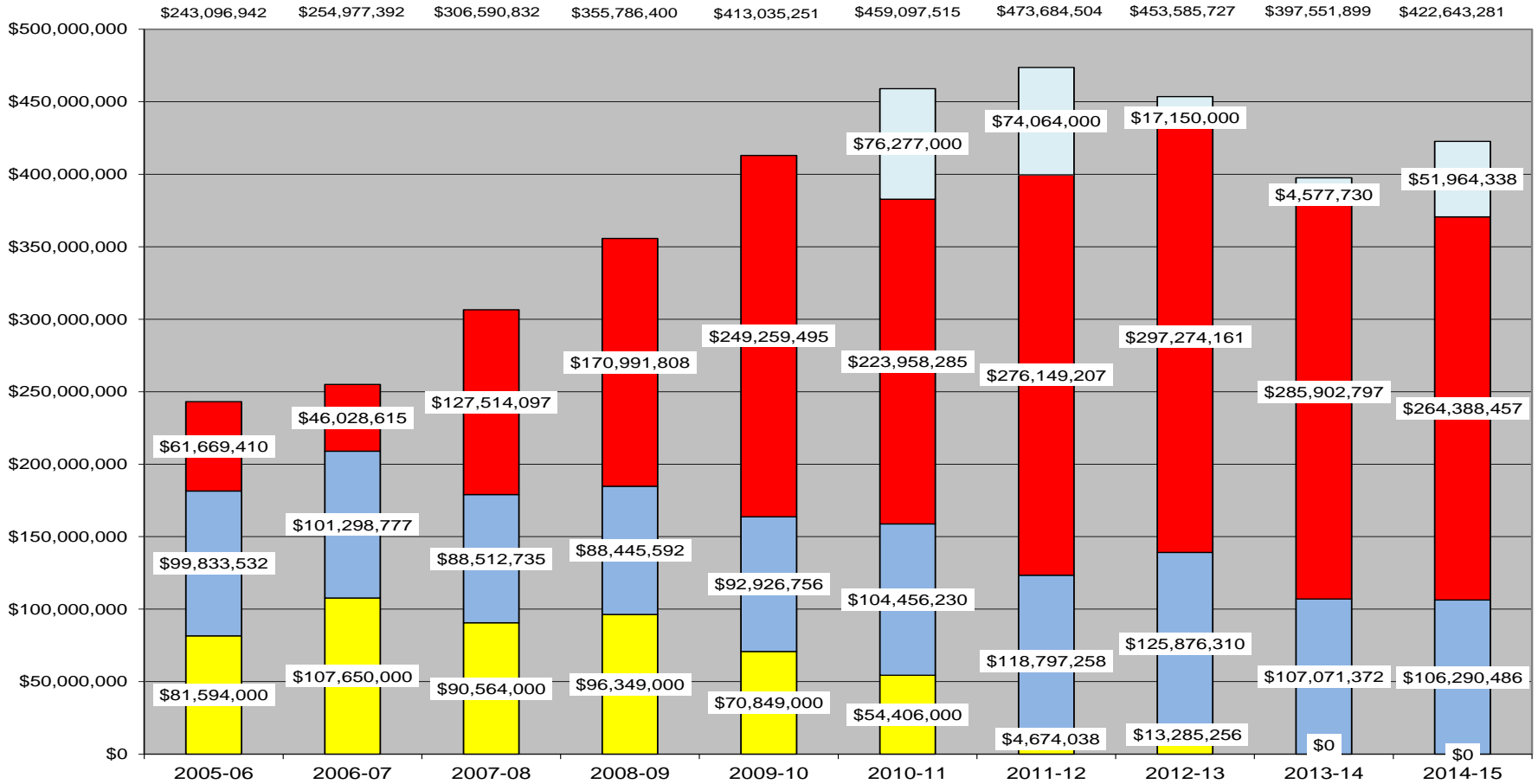# OA-Health Insurance Premium Payment

AIDS Drug Assistance Program (ADAP)

Provides life-saving medications to approximately 37,000 low-income Californians living with HIV/AIDS via a network of approximately 4,000 pharmacies located throughout the state.

ADAP HISTORIC DRUG EXPENDITURES BY FUNDING SOURCE
(Data for FYs 2013-14 and 2014-15 are estimated, all other data are actuals)

Fiscal Year	Total
2005-06	$243,096,942
2006-07	$254,977,392
2007-08	$306,590,832
2008-09	$355,786,400
2009-10	$413,035,251
2010-11	$459,097,515
2011-12	$473,684,504
2012-13	$453,585,727
2013-14	$397,551,899
2014-15	$422,643,281

Fiscal Year	R	SF	FF	GF
2005-06		$61,669,410	$99,833,532	$81,594,000
2006-07		$46,028,615	$101,298,777	$107,650,000
2007-08		$127,514,097	$88,512,735	$90,564,000
2008-09		$170,991,808	$88,445,592	$96,349,000
2009-10		$249,259,495	$92,926,756	$70,849,000
2010-11	$76,277,000	$223,958,285	$104,456,230	$54,406,000
2011-12	$74,064,000	$276,149,207	$118,797,258	$4,674,038
2012-13	$17,150,000	$297,274,161	$125,876,310	$13,285,256
2013-14	$4,577,730	$285,902,797	$107,071,372	$0
2014-15	$51,964,338	$264,388,457	$106,290,486	$0

Legend: □ R ■ SF ■ FF □ GF

OA-Health Insurance Premium Payment (OA-HIPP)

Helps clients retain their health insurance, prevent ADAP from paying the full cost of medications, and maintain people living with HIV/AIDS in care.

Looking Ahead

- Streamline processes via ADAP's Pharmacy Benefits Manager (PBM)
  - Combine OA-HIPP application into the ADAP application
  - Provide OA and EWs the ability to scan and upload client documents
  - Ability to view pending, approved or denied OA-HIPP eligibility through the PBM's electronic system
- Reorganize the ADAP Branch so that staff are processing both ADAP and OA-HIPP eligibility determinations

Looking Ahead (cont)

- Pay out-of-pocket medical expenses for OA-HIPP clients
  - Removes the financial disincentive currently present for ADAP-only clients
  - Encourages more ADAP clients to enroll in private health coverage
- Move forward with a Request for Proposals (RFP) for a Third-Party Administrator (TPA) to pay for both premiums and out-of-pocket medical expenses
  - Effective January 2016

QUESTIONS?

THANK YOU!